

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/519,173</td> </tr> <tr> <td>Filing Date</td> <td>April 19, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Glenn D. Prestwich</td> </tr> <tr> <td>Art Unit</td> <td>1654</td> </tr> <tr> <td>Examiner Name</td> <td>Lukton, David</td> </tr> <tr> <td>Attorney Docket Number</td> <td>42969-1005 US</td> </tr> </table>	Application Number	10/519,173	Filing Date	April 19, 2005	First Named Inventor	Glenn D. Prestwich	Art Unit	1654	Examiner Name	Lukton, David	Attorney Docket Number	42969-1005 US
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

25213

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR


<input type="checkbox"/> Firm or Individual Name			
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City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Zachary Miles, Esq.		
Date	December 13, 2006	Telephone	801-581-7792

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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